Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL EN	ITITY C	OR	OTHER SMALL I	9	
TOTAL CLAIMS								RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			1 minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			.1 minus 3 =		' /			X40=	40	OR	X80=		
MUL	TIPLE DEPEN	DENT CLAIM PI	RESENT		′ 🗆			+135=	1,10	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL 2	95.00	OR	TOTAL			
Column 1) (Column 2) (Column 3)							<i>-</i> '	OTHER THAI SMALL ENTITY OR SMALL ENTIT					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
DMG	Total	. 19.	Minus	0	20	=		X\$ 9=		OR	X\$18=	_ =	
MEN	Independent	· 4	Minus	***	3	=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=		
	,					•		TOTAL		OR	TOTAL		
		40 - 1 4)		(Cale	.m.n 2\	(Column 3)	. (DIT. FEE	L	JOH	ADDIT. FEE		
NT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	IMN 2) HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	*	Minus	**	<u> </u>	=] [X\$ 9=		OR	X\$18=		
	Independent	•	Minus	•••		=	▋▐	X40=		OR	X80=		
_	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDEN		T CLAIM		┙┟	+135=		OR	+270=		
	,						L.	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	umn 2)	(Column 3							
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		NUI PREV	HEST MBER YOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	╽╽	X\$ 9=		OR	X\$18=	•	
	Independent	•	Minus	***		=	┧┞	X40≃		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┙┝			1			
	li the enterior sele	ron t is lose than	the entry in col	uma 2 wr	ite "O" in ~	olumn 3	L	+135≈ TOTAL		OR	+270=		
	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number